

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** P95000059708  
**1. Corporation Name** KROW INVESTMENT GROUP

**Principal Place of Business** 1020 NW 6<sup>th</sup> St, Bldg H&I  
Deerfield Beach, FL 33442

**Mailing Address** 1020 NW 6<sup>th</sup> St, Bldg H&I  
Deerfield Beach, FL 33442

**3. Date Incorporated or Qualified** 8/1/96 **3a. Date of Last Report**

**4. FEI Number** 65-064637 **Applied For**  
☐ **Not Applicable**

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Election Campaign Financing Trust Fund Contribution** ☐ **\$5.00 May Be Added to Fees**

**8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes** ☐ Yes ☐ No

**2. Principal Place of Business** **2a. Mailing Address**

**21** Suite, Apt. #, etc. **26** Suite, Apt. #, etc.

**22** City & State **27** City & State

**23** Zip **25** Country **28** Zip **30** Country

**9. Name and Address of Current Registered Agent**

STEPHEN M. GOODMAN

1020 NW 6<sup>th</sup> St, Bldg H&I  
Deerfield Beach, FL 33442

**10. Name and Address of New Registered Agent**

**81** Name

**82** Street Address (P.O. Box Number is Not Acceptable)

**83**

**84** City **FL** **85** Zip Code

**11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.**

**SIGNATURE:** Stephen M. Goodman **Stephen M. Goodman** 4/30/97  
(Signature typed, printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when removing) **DATE**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>DP</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<u>VINCENT COLANGELO</u>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<u>1020 NW 6<sup>th</sup> St, Bldg H&amp;I</u>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<u>Deerfield Beach, FL 33442</u>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>DP</b>	<b>2.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<u>STEPHEN COLANGELO</u>	<b>2.2 NAME</b>	<u>PD</u>
<b>STREET ADDRESS</b>	<u>1020 NW 6<sup>th</sup> St, Bldg H&amp;I</u>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<u>Deerfield Beach, FL 33442</u>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>ST</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<u>JOY MANCUSO</u>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<u>1020 NW 6<sup>th</sup> St, Bldg H&amp;I</u>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<u>Deerfield Beach, FL 33442</u>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.**

**SIGNATURE:** Stephen Colangelo **Stephen Colangelo** 4/30/97 1-800-784-2660  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)